TECHNICIAN REGISTRATION
NEW APPLICATION INSTRUCTIONS

Technician Registration needs to be completed within 30 days of start of employment at a South Dakota Pharmacy. ***If you have ever been employed as a technician in South Dakota, do not complete a new technician registration application.*** You have an assigned technician number and must complete a technician renewal application. See information below.

To work as a technician in South Dakota, you must:
- Be a high school graduate or have attained a GED.
- Be hired/employed in South Dakota as a pharmacy technician before you can apply for a technician registration.

General Information
- Current/Active technicians can renew between September 1- October 31 each year.
- All registrations will expire October 31. There is no grace period. You will not be able to work without a current/active registration.
- If you have ever been employed as a technician in South Dakota, do not complete a new technician registration application. You have an assigned technician number and must complete a technician renewal application even if your registration has expired.
- If you forgot your technician number, go to **http://doh.sd.gov/boards/pharmacy/verification.aspx.**, Click on Individual verification. Select Technician as your License/Registration type, enter your last name, check on 'I'm not a robot', then click search. Your registration number should come up.
- For current South Dakota Statutes and Rules pertaining to technicians, go to **https://doh.sd.gov/boards/pharmacy/**, under Quick Links, see law book link options.
- Administrative Rule (ARSD 20:51:29:06) requires a technician-in-training be certified within 2 years of new registration issue date.
- Registration fee is $25.
- Payment method – Mastercard or Visa **ONLY**.
- A sampling of applications will be audited and reviewed for accuracy.

You must complete the entire application process from start to finish in one sitting
- Online system does not retain any information entered until the application has been submitted and payment process is completed.
- Have all of your personal information (DOB, SSN, education, work history), current employer's pharmacy license number, pharmacist-in-charge (PIC) name with South Dakota license number, NABP e-profile number (if applicable), and document(s) for upload, if applicable, ready before beginning the online application process.
- Certified technicians need to have a PDF of your certification certificate from PTCB or ExCPT.

Required Documents to be Uploaded
- If a certified technician, a PDF copy of your current certification certificate from either PTCB or ExCPT.
- Explanation of felony/misdemeanor, if applicable. Needed will be date, city, county and state of charge(s). An uploaded document with an explanation(s) will also be required. Explanation information needed on separate sheet of paper is: a signed and dated explanation and copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

After Application Submission Information
After your application has been submitted, the Board will:
- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

Once the registration is approved, a copy will be emailed to you.

Application status can also be done at:
- Verification page: **http://doh.sd.gov/boards/pharmacy/verification.aspx**

User Manual for New Application for Technician

Instructions:

1. Click on the link below for initiating a new Technician Registration. Please Bookmark this page.
   https://sdbop.igovsolution.com/initial/initial/initial.aspx?id=63

2. Below page will open with instructions:
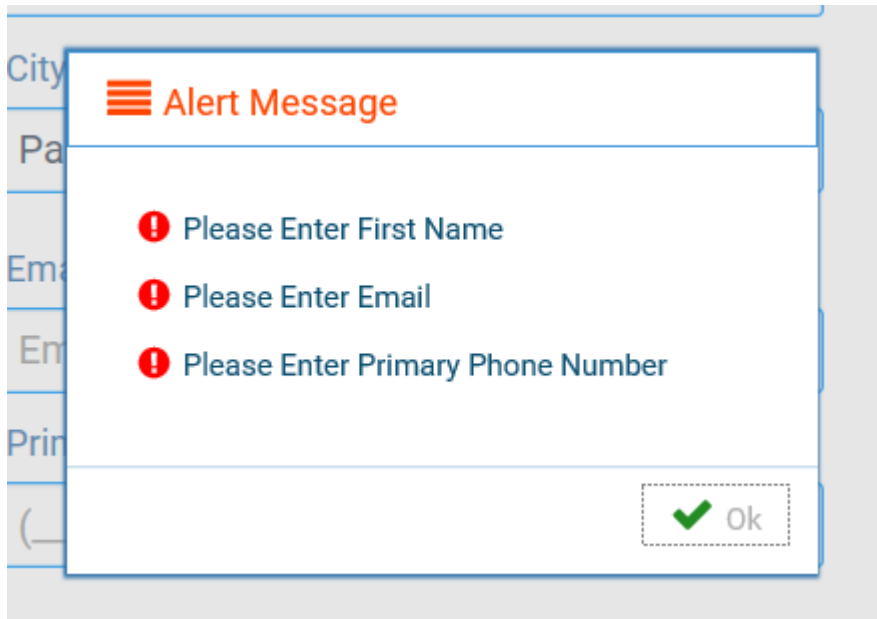
Be sure to read all the instructions on this screen and click on any links provided on the page for more information.

General Notes

1) Mandatory fields are marked with a red * in all screens and all those must be entered before clicking on next
2) Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
3) If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:

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South Dakota Board of Pharmacy

3. Complete application:

- Click on Next button to begin application.

Enter all the required information. Click on Next continue.

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South Dakota Board of Pharmacy   **TECHNICIAN INITIAL / NEW APPLICATION**

TYPE OF TECHNICIAN

Have you ever been registered as a pharmacy technician in any state beside South Dakota   ☐ Yes ☑ No

* Are you employed as a
☐ Technician-in-Training (TT)   ☑ Certified Technician (CPhT)

* Name of technician training program	* Program Zip	Program City
o	60056	Mount Prospect

Program State	* Program County	Training Completion Date
IL	COOK	MM/DD/YYYY

Certification Exam Date
MM/DD/YYYY

CERTIFICATION INFORMATION
* Certifying Agency Name
☐ PTCB ☑ NHA

* Certificate Original Issue Date	* Certificate Number	* Certificate Current Expiration Date
07/25/2019	T60	07/31/2019

PTCB or ExCPT Certification Certificate   🔖 Attach Document

☰ Alert Message

❶ Please Upload PTCB Or ExCPT Certification Certificate

✔ Ok.

Previous   Next

Select the type of Technician you are applying for and enter all the required information. For a certified technician application, click on Attach Document to upload a pdf copy of your PTCB or ExCPT certification certificate. If upload is not complete, an alert message will appear.

Click next to continue to Education.

EDUCATION

* Are you a high school graduate, have the equivalent (GED), or have a previous Board of Pharmacy waiver
☑ Yes   ☐ No

☐ Other

Have you attended schools or training beyond high school?   ☑ Yes   ☐ No

Schools/Training facilities   Click Here To Add More

Previous   Next

Click on "Click Here to Add More" button to add more education. Fill in all the information in the popup window and click on Save to add the school. If applicable, repeat this step to add another school attended.

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When you save the information, it will appear on the main screen. You can delete the entry if it is incorrect or not needed as shown below:

Click Next to add Employment information.

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EMPLOYMENT

Primary Pharmacy Employer Information

License # of Pharmacy

Employer Name
Employer Name

Address 1
Address 1

Address 2
Address 2

Address 3
Address 3

Employer Zip code
Zip code

Employer City
Employer City

Employer State
Employer State

Work Phone #
(__) __-____

Work Fax #
Work Fax

Technician's Work Email
Work Email

* Technician's Job title
Technician's Job title

* Average Hours Worked Per Week
Average Hours Worked Per Week

* Employment status
☐ Full time   ☐ Part Time   ☐ Temporary   ☐ PRN

Do you have a second employer   ☐ Yes   ☐ No

[Previous]   [Next]

Enter pharmacy license number (Examples: 100-0000 or 200-0000). Pharmacy information should prepopulate. Enter all other required information. Click on Next to continue.

WORK HISTORY

☐ Employed at current employer(s) for last five years

☐ Has not worked in past 5 years

☑ List work experience with other employers for the last five years

List work experience for last five years not including current employment previously provided in this application:

Business/Company   [Click Here To Add More]

[Previous]   [Next]

If you select work experience with other employers, you must enter details about the employer by clicking on the "Click Here to Add More" button as shown above.

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≡ Business/Company   ✖

* Business/Company Name

[Business/Company Name   ]

Business/Company Address

* Address1   Address2   Address3

[Address1   ]   [Address2   ]   [Address3   ]

* Zip Code   * City   * State

[Zip Code   ]   [City   ]   [Select State   ⌄]

* Job Title   * Dates Employed

[Job Title   ]   [MM/YY-MM/YY   ]

            [Save]   [Cancel]

Click on "Save" button to save the information.   You will see the information added on the main screen.

1	Business/Company Name : Walgreens Address1 : 383 Main st. Address2 : Address3 : Zip Code : 38589 City : Wilder State : TN Job Title : Technician
	Dates Employed : 03/17-08/18 🗑

Repeat the above step to add as many employers as needed. Click on Next to continue.

RECORD OF DISCIPLINE, CHARGES, AND CONVICTIONS

*Declaration of current impairment or limitations (ARSD 20:51:29:08)

1. In the past 5 years, have you ever been counseled, reprimanded, or terminated from a job because of the use of any drugs, alcohol, or other chemical substances? ☐ Yes ☑ No

2. Do you have any physical dependency or mental condition which in any way impairs or limits your ability to perform the duties of a pharmacy technician with reasonable skill and safety? ☑ Yes ☐ No

Physical or Mental dependency proof

* 📎 Attach Document

* Explanation

> Explanation

*Felony or misdemeanor crimes (ARSD 20:51:29:09)

3. Within the past 5 years, have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under $100)? ☐ Yes ☐ No

Note: Provide on separate sheet of paper, a signed and dated explanation and attach court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

*Disciplinary Action

4. Have you ever been disciplined or are there pending disciplinary actions against you or a registration or license by any licensing board? ☐ Yes ☐ No

Previous | Next

On the "Record of Discipline, Charges, and Convictions" screen, if Yes is answered to any of the questions, explanation(s) **must** be added and supporting document(s) **must** be uploaded. Click on Next to continue.

4. Review and complete:

After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.

APPLICATION INPUT PREVIEW

TECHNICIAN INSTRUCTIONS

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Previous | Next

Use the vertical scroll bar to review the completed application. Click on Next button if everything is correct and proceed to the Affirm and Submit screen:

AFFIRM AND SUBMIT

☐ I agree to abide by the South Dakota pharmacy law and the rules of the Board of Pharmacy. I declare and affirm under the penalties of perjury that this application has been completed by me, electronically signed by me, and to the best of my knowledge and belief, is in all things true and correct.

* E-Signature of the person filling out this renewal	* Date	License Fee
E-Signature	05/07/2019	$25.00

* Debit /Credit	* Card Type	* Person's Name on Card
Select	Select Card Type	Person's Name on Card

| * Card #	* Expiration Date (MM/YY)	* Security Code (3-digit number)
Card #	MM/YY	Security Code

Previous   Submit

Please note that after you click the Submit button, you cannot make changes to your application.

1) Read and check the affirmation checkbox

2) Sign and enter date

3) Fee amount will be auto populated

4) Select "Debit / Credit"

5) Select Card Type (Mastercard or VISA **only** accepted)

6) Enter name of person that appears on card

7) Enter card number

8) Enter card expiration date (MM/YY format)

9) Enter card security code

10) Click submit

11) You will get confirmation number if successful

You **must** click on the affirmation checkbox to the attestation information, enter your credit card information and click on Submit button to complete the application.

If you entered any invalid information, you will see a message indicating that your card was invalid.
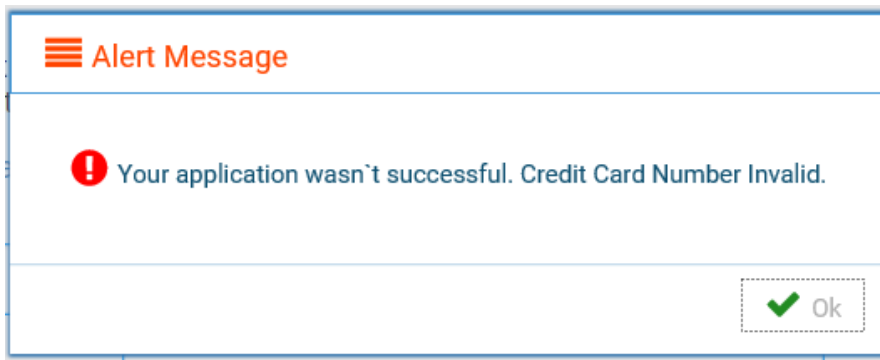
Click on Ok and re-enter the correct information and click on submit to complete the application.

If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.

After your application has been submitted, the Board will:
- Review the application
- Email registrant if additional information is needed
- Approve or deny the application